

<b>Department of Homeland Security</b> U. S. Coast Guard CG-5489/2 (1/06)		<h1 style="margin: 0;">WAIVER APPLICATION</h1>		
<b>Privacy Act Statement:</b> This information is collected under 10 USC 2774, and EO 9397 and is used when waiving collection of erroneous payment. The information may be provided to the Defense Office of Hearings & Appeals (DOHA) and disclosure is voluntary. Failure to provide the information below may prevent favorable consideration of your application.				
<b>Instructions:</b> Submit this application via your unit commanding officer and Servicing Personnel Office. Your SPO will mail the completed application to the Personnel Service Center (PSC). Attach all enclosures that support or clarify your request. Attach copies of <b>ALL</b> Leave and Earnings Statements (LES) related to the time period in question.				
Name (Last, First, M.I.)	EMPLID	Rank/Rate	Date of Separation	Months in which overpaid.
Unit:	Unit Phone:	Unit Address:		
Home Phone:	Home Address:			
Did you know or suspect you were overpaid? YES <input type="checkbox"/> NO <input type="checkbox"/>	Original Amount: \$ _____	Amount Repaid to Date: \$ _____	Amount of Waiver Requested: \$ _____	
Type of Overpayment: BAH... <input type="checkbox"/> BAS... <input type="checkbox"/> FSA... <input type="checkbox"/> TVL... <input type="checkbox"/> COLA... <input type="checkbox"/> CSEAPAY... <input type="checkbox"/> Other: _____				
<b>Description of Indebtedness.</b> <i><u>Note: If this indebtedness is the result of an un-liquidated travel advance, advance pay, or unearned bonus payment(s), you are not eligible for a waiver (unless the payment was made in error) and you should not submit an application.</u></i> Explain in your own words and to the best of your knowledge, as clearly and concisely as you can, what happened. Include such facts as the cause of your debt and overpayment, the period involved and your understanding of the entitlements concerned. State any recollection of when, how and to whom you voiced your knowledge or suspicion of error, or any other efforts you may have made to have the error corrected. (You may attach additional sheets if necessary.)				
<b>Enclosure checklist:</b> You are required to attach copies of all of the applicable items listed below: (Check items which are enclosed.) Failure to enclose any items may result in the return of the application without action.				
<div style="margin-left: 20px;"> <input type="checkbox"/> All LES related to the time period in question.  <input type="checkbox"/> Letter of Indebtedness from PSC (including all enclosures)  <input type="checkbox"/> Any related email or other correspondence between member, unit admin personnel, and/or SPO.  <input type="checkbox"/> Any travel claims and Travel Voucher Summaries related to the indebtedness.  <input type="checkbox"/> If related to BAH, include copy of Housing Check-In form if residing in govt quarters at the time.   <input type="checkbox"/> Other: _____         </div>				
If my application is denied, I ( <i>check one</i> ) <input type="checkbox"/> <b>do</b> <input type="checkbox"/> <b>do not</b> request to have the amount of my monthly payments reduced due to financial hardship. (If making this request, you must attach a completed financial statement.)				
I certify that the above information is true and correct to the best of my knowledge. I understand the penalty for a false claim is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both.				
Signature:			Date:	

## UNIT INFORMATION

**Unit POC:** Should be someone who will be with the unit a minimum of three months past the date that this form is submitted. Should be someone, other than the member who is familiar with the situation and the circumstances surrounding the indebtedness. May be a supervisor or senior administrator.

**Name:**

**Title:**

**Phone:**

## COMMAND ENDORSEMENT

Please check **one**:

☐

I recommend approval of this waiver.

*or*

☐

I do **NOT** recommend approval.

*or*

☐

I recommend partial approval in the amount of

\$ \_\_\_\_\_.

Please check **one**: In the event the waiver is not approved:

☐

I recommend reduced payment schedule based on member's specific circumstances.

*or*

☐

I do NOT recommend reduced payment schedule.

Brief description of basis for recommendations and any additional information you believe necessary for consideration of this waiver.

**Name:**

**Signature:**

**Title:**

**Phone:**

**Date:**